

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-019)**

SERIAL NO.

734825

FILING DATE

12-11-00

CLAIMS

	AS FILED		AFTER 31% REDUCTION		AFTER 31% REDUCTION	
	W/O.	O.F.	W/O.	O.F.	W/O.	O.F.
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